

BSU PHYSICAL PLANT MAINTENANCE WORK ORDER
(Please complete form and email to workorder@bemidjistate.edu)

Order Number _____ Date _____ Bldg. No. _____ Acct. Charged _____
M / D / YR

Requested by _____ Approved by _____

Location: Bldg _____ Room _____ Floor _____

Description of Services

Task No _____ Total Hours Worked: Regular _____ Overtime _____

Type of Maintenance: 1) Reg. _____ 2) Prev. _____ 3) Vand. _____ 4) Routine Damage _____

Completion Date: _____ SS# Charged: _____ By _____

MATERIALS USED

Qty.	Inv. Part No.	Total Cost	Shelf Stock	Description	Qty.	Inv. Part No.	Total Cost	Shelf Stock	Description

Comments or Recommendations: